**2024-25 PA Pre-K Counts Enrollment Form**

(This information is confidential to the PA Pre-K Counts program)

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| **Date Form Completed:** |  | / |  | / |  |
|  | **MM** |  | **DD** |  | **YY** |

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| **Last Name (Child)** | **First Name (Child)** | **Middle Initial** |
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| --- | --- | --- | --- | --- |
| **Street Address** | | **County** | | |
|  | |  | | |
| **City** | | **State** | | **Zip Code** |
|  | | PA | |  |
| **School District of Residence** | | | | |
|  | | | | |
| **Home Phone** | **Work Phone** | | **Email Address** | |
|  |  | |  | |

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| **Child’s Date of Birth** | **Age** | | | | | | | | **Gender** | | | |
|  |  | 2 |  | 3 |  | 4 |  | 5 |  | Male |  | Female |

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| **Race *(optional)*** | | | | | |
|  | Black or African American |  | American Indian or Alaskan Native | | |
|  | Asian |  | White | | |
|  | Native Hawaiian or Pacific Islander |  | Other | | |
|  | Not Applicable | | | | |
|  | | | | | |
| **Ethnicity *(optional)*** | | **Primary Language** | | | |
|  | Hispanic |  | English | | |
|  | Non-Hispanic |  | Spanish | | |
|  | Not Applicable |  | Other |  |  |
|  | |  | | (please specify) | |

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| **Name of Parent or Guardian completing this application** | **Gender** | | | |
|  |  | Male |  | Female |

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| **Relationship to Child** | | | | **(Select)** | | | |
|  | Father | | |  | Biological | | |
|  | Mother | | |  | Foster | | |
|  | Guardian | | |  | Adoptive | | |
|  | Other |  |  |  | Other |  |  |
|  | | (please specify) | |  | | (please specify) | |

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| **Role** | | | | | |
|  | Primary Guardian |  | Legal Guardian | | |
|  | Secondary Guardian |  | Other |  |  |
|  | | | | (please specify) | |

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| **List Household Members below for determination of family size** *(required)*: | | |
|  | *Relationship to Child* | *Age* |
| **1** | ENROLLING CHILD |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |
| **5** |  |  |
| **6** |  |  |
| **7** |  |  |
| **8** |  |  |
| Per PKC Statute, Regulations, and Guidance, the following members of the household are included in family size:   * Parent of the child (biological or adoptive mother or father, stepmother or stepfather, caretaker or spouse) * A biological, adoptive, unrelated or foster child or stepchild of the parent or caretaker who is under 18 years of age and not emancipated. * A child who is 18 years of age or older but under 22 years of age who is enrolled in high school, a general educational development program, or a post-secondary program leading to a degree, diploma or certificate and who is wholly or partially dependent on the income of the parent or caretaker or spouse of the parent or caretaker. * Others supported by the income of the parent(s) or guardian(s) of the child enrolling or participating in the program. ***If counted toward family size, any applicable income of these persons must also be counted for eligibility purposes.***   Note: A family size value of one (1) with an income of $0 is entered when a foster child is applying for Pennsylvania Pre-K Counts. | | |
| **DETERMINED FAMILY SIZE =** | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Employment Status of parent/guardian** | | | | **Employment Status of 2nd parent/guardian (if applicable)** | | | |
|  | Employed Full-Time | | |  | Employed Full-Time | | |
|  | Employed Part-Time | | |  | Employed Part-Time | | |
|  | Unemployed | | |  | Unemployed | | |
|  | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
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| **Household Income Sources** *(Must check all that apply):* | | | | | | | |
| Employment | | Self-Employment | Unemployment  Compensation | | | Worker’s  Compensation | TANF Cash  payments |
| Social Security | | SSI | Child Support | | | Alimony | Other |

**Other Child Eligibility Risk Factor Criterion** *(Must check all that apply):*

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|  | **Behavioral Supports:** A child who was referred to PA Pre-K Counts from an appropriately credentialed health or mental health practitioner who is not employed by the PA Pre-K Counts program; a child who is receiving mental health treatment. Additional verification beyond the interview is required. |
|  | **Child Protective Services:** A child who is a foster child, a kinship care child or receiving Children and Youth services. |
|  | **Education Level of Guardian:** Does not have high school diploma or GED or post-secondary degree. |
|  | **English Language Learner:** A child whose first language is not English and who is in the process of learning English is considered an English Language Learner. |
|  | **Individualized Education Plan (IEP):** A child who is currently enrolled in the Preschool Early Intervention program with an active IEP. Verification would be a copy of the IEP or other source of documentation from the parent or Early Intervention provider. |
|  | **Incarcerated Parent:** A child for whom one of the child’s parents is currently in prison. |
|  | **Homeless:** A child who lacks a fixed, regular, and adequate nighttime residence due to one of the following:   1. Children who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, or camping grounds due to lack of alternate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement; 2. Children who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings; 3. Children who are living in cars, parks, public places, abandoned buildings, substandard housing, bus or train stations, or similar settings. |
|  | **Migrant (Non-Immigrant)/Seasonal Student:** A migrant child has moved from one school district to another in order to accompany or to join a migrant parent or guardian, who is a migratory worker or migratory fisher, within the preceding 36 months, in order to obtain temporary or seasonal employment in qualifying agricultural or fishing work including agri-related businesses such as meat or vegetable processing, working in nurseries such as Christmas and evergreen trees farming. |
|  | **Teen Mother:** A child whose mother was under the age of 18 when the child was born. |

To the best of my knowledge, the information provided in this application and the associated income documentation is accurate. I understand that I may be asked to verify or substantiate information provided.

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| **Parent/Guardian** (Signature) | **Date** |
|  |  |
| **Parent/Guardian Name** (Print Name) |

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| **FOR OFFICE USE ONLY** |

**Income Verification**

**2024 Federal Poverty Level Guidelines Based On Annual Income**

|  |  |  |
| --- | --- | --- |
| **Family Size** | **100% (Head Start Eligible)** | **300% (Pre-K Counts Eligible)** |
| **1** | $15,060 | $45,180 |
| **2** | $20,440 | $61,320 |
| **3** | $25,820 | $77,460 |
| **4** | $31,200 | $93,600 |
| **5** | $36,580 | $109,740 |
| **6** | $41,960 | $125,880 |
| **7** | $47,340 | $142,020 |
| **8** | $52,720 | $158,160 |
| **Each Additional** | +$5,380 | +$16,140 for each additional family member |

|  |  |  |  |
| --- | --- | --- | --- |
| **Actual Annual Verified Gross Household (Family) Income:** | $ | |  |
| \*Attach copies of documents used to verify income prior to enrollment | | | |
| **Family Size (per PKC guidelines):** | |  | |

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| --- | --- | --- | --- | --- |
|  | Family income is at or below 300% of federal poverty level relative to family size (required risk factor). Consider all sources of income. Must be verified prior to enrollment. | | | |
|  | |  |  |
| **Staff Verifying Income and Risk Factors Signature** | |  | **Date** |

**For Head Start Eligible families (100% of FPL or below)  Check if not applicable**

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| I have been informed of my child’s eligibility for Head Start and given the following:  Contact information for the following Head Start location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Application and/or assistance with referral  Brochure or website with information about Head Start  My signature below indicates that I have been informed about my options but may still choose to enroll in the Pre-K Counts program. | | |
|  |  |  |
| **Parent/Guardian Signature** | | **Date** |
|  |  |  |
| **Staff Signature** | | **Date** |